

Division of Disability and Rehabilitative Services Provider Requirements for Medicaid Home and Community Based Waiver Service Providers

The following services must submit all the items outlined below (unless noted as an excluded service). Service and associated codes included:

| | | |
|-----------------------------------|-------------------------------------|--|
| ✓ Adult Day Service | ✓ Intensive Behavioral Intervention | ✓ Residential Habilitation |
| ✓ Behavior Management, Basic | ✓ Music Therapy | ✓ Respite |
| ✓ Behavior Management, Level 1 | ✓ Occupational Therapy | ✓ Specialized Medical Equipment and Supplies |
| ✓ Case Management | ✓ Participant Assistance Care | ✓ Structured Family Caregiver |
| ✓ Community Habilitation | ✓ Personal Response System | ✓ Supported Employment |
| ✓ Electronic Monitoring | ✓ Physical Therapy | ✓ Speech Therapy |
| ✓ Environmental Modification | ✓ Pre Vocational | ✓ Transportation |
| ✓ Facility Habilitation | ✓ Psychological Therapy | ✓ Workplace Assistance |
| ✓ Facility Based Support Services | ✓ Recreational Therapy | |

* SOLO refers to Sole Proprietorship

GENERAL DOCUMENTATION - Tier 1

1 ☐ LEGAL DOCUMENTS

- ☐ Certificate of incorporation/authority from the Secretary of State of Indiana. *Sole Proprietorships need only file with the County Recorder's office*
- ☐ Verification of a tax identification number from the Internal Revenue Service
- ☐ Verification of any assumed business names (DBAs), if applicable, from the Secretary of State of Indiana.
- ☐ Proof of Registration of any assumed business names (DBAs), if applicable, from office of the County Recorder for each county in which a place of business is located
Contact the office of the Secretary of State at (317) 232-6576 for further information or clarification (<http://www.in.gov/sos/business/index.htm>)

2 ☐ FINANCIAL DOCUMENTATION (460 IAC 6-11-2 and 6-11-3)

- ☐ Current expenses and revenues
- ☐ Projected budgets outlining future operations (i.e., projected future costs and income/staff and consumer growth)
- ☐ Letter from a financial institution verifying the financial stability of the entity, which must state the ability to obtain a line/letter of credit in the amount of \$35,000, which will allow the entity to deliver services without interruption for at least two (2) consecutive months without payment

Exceptions: Music Therapy, Recreational Therapy, Physical Therapy, Speech-Language Therapy, Occupational Therapy, Environmental Modifications, Specialized Medical Equipment and Supplies, or Personal Response Systems the line/letter of credit amount is \$3,000.

3 ☐ ORGANIZATIONAL CHART (460 IAC 6-10-6 & 6-16-2)

- ☐ A current organizational chart of agency, including parent and subsidiary corporations, if applicable
- ☐ Identification of all familial relationships within the organizational chart. DDRS Policy: Provider Organizational Chart, eff. 2-28-11
- ☐ List all agency positions, including vacancies

Additional information about agency positions needs to be provided as part of an agency's Personnel Policies (see below)

Excluded: Environmental Modification, Personal Response System, Specialized Medical Equipment and Supplies, SOLO

4 ☐ PROOF OF MANAGERIAL ABILITY (460 IAC 6-6-2)

All applications must include supplemental proof that the principal parties involved possess the managerial abilities to deliver requested services and to manage the business aspects of being a provider. The following must be submitted:

- ☐ Resumes
- ☐ Diplomas/transcripts, if applicable (if the resume reflects a college degree, a copy of diploma and transcript must be included)
- ☐ Training experience/certifications/licensure

Division of Disability and Rehabilitative Services Provider Requirements for Medicaid Home and Community Based Waiver Service Providers

5 DOCUMENTATION OF CRIMINAL HISTORIES (460 IAC 6-10-5; DDRS Policy: Personnel Records, eff 2-28-11)

- ☐ Each of the provider's employee/agent files should have evidence that a criminal history search was obtained from every state (including the Indiana Central Repository) and county, wherever located, in which an owner, officer, director, employee, contractor, subcontractor or agent involved in the management, administration, or provision of services has resided and/or worked during the 3 years before the criminal history investigation was requested. DDRS Policy: Documentation of Criminal Histories eff. 2-21-10
- ☐ A criminal background check that verifies that each employee/agent is free from **felony convictions** that include:
 - Sex crime;
 - Exploitation of an endangered adult;
 - Failure to report battery, neglect, or exploitation of an endangered adult;
 - Abuse or neglect of a child;
 - Murder;
 - Voluntary manslaughter;
 - Involuntary manslaughter;
 - Battery;
 - Offense related to a controlled substance;
 - Criminal conversion;
 - Criminal deviate conduct;
 - Offense related to alcohol or a controlled substance;
 - Theft, if the person's conviction for theft occurred less than ten (10) years before the person's employment application date, except as provided in IC 16-27-2-5(a)(5). 460 IAC 6-10-5(b)(1); DDRS Policy: Documentation of Criminal Histories eff. 2-21-10; DDRS Policy: Employment of Persons with Conviction of Prohibited Offenses or Non-Residency Status 2-21-11
- ☐ Verification of a professional registry search for professionally licensed employees including the owner, officer, director, employee, contractor, subcontractor or agent that is free of citations for malpractice, malfeasance or other unprofessional actions. DDRS Policy: Documentation of Criminal Histories eff. 2-21-10

Excluded: Any employee/agent who does not possess a license (not required)

- ☐ Verification of lack of findings from nurse aide registry for any owner, director, officer, employee, contractor, subcontractor or agent performing any management, administrative or direct service to an individual. 460 IAC 6-10-5(d); DDRS Policy: Documentation of Criminal Histories eff. 2-21-10: The most common documentation for this item is a copy of the page in the state nurse aide registry with the alphabet range in which the employee's name would be located if there were a finding.
***Note:** Verification from the State Nurse Aide Registry of the Indiana State Department of Health is available on the following website: <https://extranet.IN.gov/Weblookup/Search.aspx>. Go to Regulatory Services, click on Indiana Health Care Providers - Professionals tab, click on Nurse Aide with findings. Print this portion of the list where the individual's name should appear. Print the individual's name with an arrow to the location, then initial and date the print-out.*

6 TRANSPORTATION (460 IAC 6-13-2), applicable if the provider and/or their employees or agents will transport the individual.

- ☐ Copy of a current driver's license for each employee/agent who transports individuals in a motor vehicle. 460 IAC 6-15-2(b)(6); Personnel Records, eff. 2-28-11
- ☐ For employees or agents who transport individuals in their personal automobiles: Proof of current automobile insurance. 460 IAC 6-15-2(b)(6); Personnel Records, eff. 2-28-11
- ☐ Evidence that all vehicles used by the provider to transport individuals are:
 - Maintained in good repair (how does the provider assure? Seek evidence);
 - Properly registered with the Indiana Bureau of Motor Vehicles;
 - Insured as required under Indiana law.
- ☐ Documentation of liability insurance for all vehicles owned or leased by the provider to transport individuals covering:
 - Personal injury;
 - Loss of life; and
 - Property damage.

Excluded: Services that do not transport individuals

Division of Disability and Rehabilitative Services Provider Requirements for Medicaid Home and Community Based Waiver Service Providers

7 ☐ INSURANCE COVERAGE (460 IAC 6-12-1 and 460 IAC 6-12-2), proof of insurance covering:

- ☐ Personal injury to an individual 460 IAC 6-12-2(1)
- ☐ Loss of life to an individual 460 IAC 6-12-2(2)
- ☐ Property damage to an individual 460 IAC 6-12-2(3)
- ☐ Documentation of Workers Compensation coverage according to IC 22-3-2, DDRS Policy: Insurance Requirements of Providers, eff. 2-28-11

Excluded: SOLO

8 ☐ PROOF OF NATIONAL ACCREDITATION: If applying to provide Day Services (Employment Services), Residential Habilitation, or Case Management Services (460 IAC 6-5), submit proof of accreditation by (or proof of application to see accreditation from) one of the following organizations:

- ☐ The Commission on Accreditation of Rehabilitation Facilities (CARF) or its successor;
- ☐ The Council on Quality and Leadership in Supports for People with Disabilities (CQL) or its successor;
- ☐ The Joint Commission (JCAHO) or its successor;
- ☐ The ISO-9001 Quality Management System;
- ☐ The Council on Accreditation (COA) or its successor;
- ☐ An independent national accreditation organization approved by the Secretary of FSSA.
- ☐ Additional requirements:
 - Application for a survey through the accrediting entity for a new service must be submitted within one year of receiving approval.
 - The agency must submit to the Bureau of Developmental Disabilities Services proof of application for an accreditation survey, and a copy of the letter from the accrediting entity indicating accreditation for a one (1) to three (3) year period.

Excluded: Services with the exception of Residential Habilitation, Adult Day Service, Community Habilitation, Facility Habilitation, Pre Vocational, Supported Employment, Workplace Assistance, and Case Management

PROVIDER/STAFF QUALIFICATIONS - Tier 1

9 ☐ GENERAL QUALIFICATIONS (460 IAC 6-5 and 6-14)

- ☐ Verification that all staff are at least 18 years of age. DDRS Policy: Requirements & Training of Direct Support Professional Staff, eff. 2-28-11
- ☐ A negative TB screening dated prior to the employee providing services for all employees/agents including administrative and clerical staff. 460 IAC 6-15-2(b)(1); Personnel Records, eff. 2-28-11: Most common documentation is a signed and dated statement from the health department or other entity authorized to screen for TB. Evidence of a negative chest x-ray is required for individuals with a positive skin test, followed by annual symptom screenings by a licensed medical professional. A health screening signed by a licensed medical professional is required in the case of pregnancy.
- ☐ For employees or agents that work with individuals, a record of current CPR certification by the American Red Cross, the American Heart Association, the National Safety Council, the American Health and Safety Institute, or the Emergency Care and Safety Council. 460 IAC 6-15-2(b)(2); 20091214_BQIS1214 CPR Policy Reminder; DDRS Policy: Personnel Records, eff. 2-28-11

Excluded: Behavior Management - Level 1

10 ☐ SPECIFIC QUALIFICATIONS (460 IAC 6-5 and 6-14)

- ☐ Behavior Management - Level 1 (460 IAC 6-5-4)(c)

FOR APPROVALS DATED PRIOR TO JANUARY 1, 2003 ONLY: (1st requirement) The provider will produce (relevant ONLY to approvals dated prior to January 1, 2003):

- At least a master's degree in: (i) a behavioral science; (ii) special education; or (iii) social work; and
- Evidence of 5 years of experience in: (i) working directly with individuals with developmental disabilities, including the devising, implementing, and monitoring of behavioral support plans; and (ii) the supervision and training of others in the implementation of behavioral support plans; and
- Evidence of at least ten (10) continuing education hours related to the practice of behavioral support from a Category I sponsor as provided in 868 IAC 1.1-15, obtained during the last calendar year.

For licensed psychologists, does the provider meet the requirements for behavioral support services at 460 IAC 6-5-4(b)? (2nd requirement). The provider will produce:

- A psychologist license per IC 25-33;
- A current endorsement as a Health Service Provider in Psychology per IC 25-33-1-5.1(c); and
- Evidence of at least ten (10) continuing education hours related to the practice of behavioral support from a Category I sponsor as provided in 868 IAC 1.1-15, obtained during the last calendar year.

Division of Disability and Rehabilitative Services Provider Requirements for Medicaid Home and Community Based Waiver Service Providers

- Behavior Management - Level 2 (460 IAC 6-5-4)(c)
 - The provider will produce documentation confirming at least one of the following requirements: Have a master's degree in clinical psychology, counseling psychology, school psychology, or another applied health service area of psychology; or Be a licensed marriage and family therapist licensed under IC 25-23.6; or Be a licensed clinical social worker under IC 25-23.6; or Be a licensed mental health counselor under IC 25-23.6; or Have a master's degree in a human services field and be able to demonstrate to the BDDS behavior management committee that the individual has either coursework in or five (5) years of experience in devising, implementing, and monitoring behavior support plans.
 - The provider will produce documentation confirming the level 2 clinician is supervised by a Level 1 clinician.
 - The provider will produce documentation confirming one of the following: Have documentation demonstrating either ten (10) continuing education hours related to the practice of behavioral supports annually for the past three years; or Documentation of enrollment in a master's level program in clinical psychology, counseling psychology, school psychology, or another applied health services area of psychology, special education, or social work; or Documentation of enrollment in a doctoral program in psychology.
- Case Management - Must employ the following:
 - Case Managers (at least two full-time, certified Case Managers).
 - Registered Nurse (at least one full-time Registered Nurse)
 - Compliance Officer (at least one full-time Compliance Officer)
- Electronic Monitoring
 - Any current BDDS approved provider interested in adding the service of Electronic Monitoring with plans to utilize Rest Assured, Sengistix, CreateAbility Concepts, Inc. and/or Night Owl must submit a request letter identifying their choice of partnership agency.
 - Eligibility for this service includes fulfilling the requirements for the Residential Habilitation and Support component of Electronic Monitoring.
 - Providers are not limited to utilizing the three DDRS recognized agencies, Rest Assured, Night Owl, CreateAbility Concepts, Inc. or Sengistix. DDRS/BDDS will consider other technological agencies for partnering with Residential Habilitation providers. In order to get approval for using an agency other than Rest Assured, Night Owl or Sengistix, a provider must get approval from the Director of DDRS.
- Non-Direct Care Providers (i.e., Environmental Modification, Personal Emergency Response System, and Specialized Medical Equipment)
 - Physical Therapist IC 25-27-1; Speech/Language Therapist IC 25-35.6; Certification: Architect IC 25-4-1; Occupational Therapist IC 25-23.5
 - Documentation of being bonded (**applicable to Environmental Modification applicants only**).
 - Warrant all equipment, supplies, or work provided to an individual for a period of at least 90-days;
 - Must have three (3) references from completed jobs;

Applicants should be prepared to maintain the following information for each job performed if approved to be a waiver provider:

 - The installation date of any adaptive aid or device, assistive technology, or other equipment;
 - The maintenance date of any adaptive aid or device, assistive technology, or other equipment;
 - A change made to any adaptive aid or device, assistive technology, or other equipment, including any: alteration; correction; or replacement.
- Intensive Behavior Intervention Services (6-35)
 - An active license for the IBI Director that certifies the IBI Director is either a licensed Psychologist under IC 25-33 or a licensed Psychiatrist under IC 25-22.5; and
 - An active license for the IBI Case Supervisor that certifies the IBI Case Supervisor as a Board Certified Behavior Analyst or a Board Certified Assistant Behavior Analyst.
 - Lead Therapist - (a) Licensed psychiatrist or psychologist with an HSPP; (b) completed at least 1,500 hours of training or supervised experience in the application of applied behavior analysis or an equivalent behavior modification theory for children with a pervasive developmental disorder; and (c) have at least 2 years experience as an independent practitioner and as a supervisor of less experienced clinicians.
 - Senior Therapist - (a) be a psychotherapist, **or** (b) have completed at least 3,000 hours of training or supervised experience in the application of applied behavior analysis or an equivalent behavior modification theory for children with a pervasive developmental disorder **and** have at least 400 hours of training or supervised experience in the use of applied behavior analysis (or Beh Mod equivalent) which may be included in the 3,000 hour training requirement.
 - Line Staff - (a) be in at least the second year of college and have obtained at least 30 hours of experience utilizing intensive behavioral treatment with children with autism **or** at least 160 hours working in any setting with children with autism; **or** (b) be at least 18 years of age, a high school graduate, and have received at least 2,000 hours of training or supervised experience in the application of applied behavior analysis (or Beh Mod equivalent) in a setting working with children with autism.
 - Continuing Education - Obtain at least 10 continuing education hours related to applied behavior analysis: (a) from a Category I sponsor as provided in 868 IAC 1.1-15; **or** (b) as provided by the BDDS's applied behavior analysis support curriculum list.
- Music Therapy (460 IAC 6-5-15)
 - The provider will produce an active certification for each therapist by the National Association of Music Therapists.

Division of Disability and Rehabilitative Services Provider Requirements for Medicaid Home and Community Based Waiver Service Providers

- Occupational Therapy (460 IAC 6-5-17)
 - Occupational therapists providing services, per IC 25-23.5;
 - Occupational therapy assistants providing services, per IC 25-23.5-5;
 - Occupational therapy aides providing services, per IC 25-23.5-1-5.5 and 844 IAC 10-6.
- Physical Therapy (460 IAC 6-5-19)
 - An active license per IC 25-27-1 for each physical therapist providing services; and
 - An active certification per IC 25-27-1 for each physical therapy assistant providing services.
- Recreational Therapy (460 IAC 6-5-22)
 - The provider will produce an active recreational therapy certification from the Council for Therapeutic Recreation.
- Residential Habilitation (460 IAC 6-5-24) - Must employ the following:
 - Registered Nurse (RN), per IC 25-23-1-11; or
 - Licensed Practical Nurse (LPN), per IC 25-23-1-12
- Respite (460 IAC 6-5-26) - Qualifications specific to skilled care (typically associated with Respite Nursing)
Applicants must meet 1 of 4 different sets of qualifications to become an approved respite provider:
 - Approved Home Health Agency that employs RN's or LPN's;
 - Individuals approved to provide Respite;
 - Agencies approved to provide Respite; **or**
 - Individual RN's/LPN's
- Speech-Language Therapy (460 IAC 6-5-28)
 - A current speech-language license per IC 25-35.6 for any speech-language pathologist providing services;
 - Documentation confirming any speech-language aide providing services conforms to the definition at IC 25-35.6-1-2; and
 - A current registration for any speech language aide providing services per 880 IAC 1-2.
- Therapy (Psychological) Services (460 IAC 6-5-21)
 - The provider will produce documents confirming the provider is **one** of the following: A psychologist licensed under IC 25-33-1 having an endorsement as a health service provider in psychology pursuant to IC 25-33-1-5.1(c); A marriage and family therapist licensed under IC 25-23.6; A clinical social worker licensed under IC 25-23.6; or A mental health counselor licensed under IC 25-23.6.

POLICIES AND PROCEDURES - Tier 2

11 **PROVIDER COMPLAINT PROCEDURE:** Does the provider have a written procedure for handling complaints from individuals receiving services that includes:

- Components for processing and decision making;
- Mandate for processing and decision making to occur within two (2) weeks of receiving the complaint; and
- Methods for informing individuals of the complaint procedure in writing, and in the individual's usual mode of communication. 460 IAC 6-8-3(4)(5)

Excluded: Environmental Modification, Personal Response System, Specialized Medical Equipment and Supplies

Division of Disability and Rehabilitative Services Provider Requirements for Medicaid Home and Community Based Waiver Service Providers

12 **PROHIBITING VIOLATIONS OF INDIVIDUAL RIGHTS:** The provider must have a written policy and procedures that prohibit its employees/agents from violating individuals' rights (460 IAC 6-9)

☐ The provider will have a written policy/procedure prohibiting the following:

- Abusing, neglecting, exploiting, and mistreating individuals 460 IAC 6-9-3(b)(1)
- Violating an individual's rights 460 IAC 6-9-3(b)(2)
- Corporal punishment which includes: Forced physical activity; hitting; pinching; the application of painful or noxious stimuli; the use of electric shock; the infliction of physical pain. 460 IAC 6-9-3(c)(1)
- Seclusion alone in an area from which exit is prohibited. 460 IAC 6-9-3(c)(2)
- Emotional/verbal abuse, including but not limited to communicating with words or actions in a person's presence with intent to: Cause the individual to be placed in fear of retaliation; Cause the individual to be placed in fear of confinement or restraint; Cause the individual to experience emotional distress or humiliation; Cause others to view the individual with hatred, contempt, disgrace or ridicule; or Cause the individual to react in a negative manner. 460 IAC 6-9-3(c)(3); DDRS Policy: Protection of Individual Rights, eff. 2-28-11
- A practice which denies the individual of any of the following without a physician's order: Sleep; Shelter; Food; Drink; Physical movement for prolonged periods of time; Medical care or treatment; Use of bathroom facilities. 460 IAC 6-9-3(c)(4)(A)

Excluded: Environmental Modification, Personal Response System, Specialized Medical Equipment and Supplies

- A practice which denies the individual work or chores benefiting others without pay or pay below minimum wages unless: The Provider has obtained a certificate from the United States Department of Labor authorizing the employment of workers with a disability at special minimum wage rates; The services are being performed by an Individual in the Individual's own residence as a normal and customary part of housekeeping and maintenance duties; or An Individual desires to perform volunteer work in the community. DDRS Policy: Protection of Individual Rights, eff. 2-28-11

☐ The provider will produce written policies and procedures which includes:

- Conducting and participating in an investigation of an alleged violation of an individual's rights or reportable incident 460 IAC 6-9-4(k)

Excluded: Environmental Modification, Personal Response System, Specialized Medical Equipment and Supplies

- Reporting violations of the provider's policies and procedures to the provider 460 IAC 6-9-4(m)
- Investigating rights violations and incidents which includes immediate necessary steps to protect an individual who has been the victim of abuse, neglect, exploitation or mistreatment from further abuse, neglect exploitation or mistreatment 460 IAC 6-9-4(k)

Excluded: Environmental Modification, Personal Response System, Specialized Medical Equipment and Supplies, SOLO

13 **HEALTH STATUS:** The provider must have a written procedure for informing the individual of service and health status on a regular basis as specified by the individual's ISP, of:

- ☐ Medical condition 460 IAC 6-9-4(b)(1)
- ☐ Developmental status 460 IAC 6-9-4(b)(2)

Excluded: Respite, Participant Assistance Care, Adult Day Service, Community Habilitation, Facility Habilitation, Facility Based Support Services, Pre Vocational, Supported Employment, Workplace Assistance, Transportation, Environmental Modification, Personal Response System, Specialized Medical Equipment and Supplies, Behavior Management - Basic, Intensive Behavioral Intervention, Behavior Management - Level 1, Music Therapy, Occupational Therapy, Physical Therapy, Psychological Therapy, Speech Therapy, Recreational Therapy

☐ Behavioral status 460 IAC 6-9-4(b)(2)

Excluded: Respite, Participant Assistance Care, Adult Day Service, , Community Habilitation, Facility Habilitation, Facility Based Support Services, Pre Vocational, Supported Employment, Workplace Assistance, Transportation, Environmental Modification, Personal Response System, Specialized Medical Equipment and Supplies, Behavior Management - Level 1, Music Therapy, Occupational Therapy, Physical Therapy, Psychological Therapy, Speech Therapy, Recreational Therapy

- ☐ Risk of treatment 460 IAC 6-9-4(b)(3)
- ☐ Right to refuse treatment 460 IAC 6-9-4(b)(4)

Excluded: Respite, Participant Assistance Care, Adult Day Service, Community Habilitation, Facility Habilitation, Facility Based Support Services, Pre Vocational, Supported Employment, Workplace Assistance, Transportation, Environmental Modification, Personal Response System, Specialized Medical Equipment and Supplies, Behavior Management - Level 1

Division of Disability and Rehabilitative Services Provider Requirements for Medicaid Home and Community Based Waiver Service Providers

14 **INDIVIDUAL FREEDOMS:** The provider must have a written protocol for ensuring individuals' rights as outlined in 460 IAC and DDRS Policies, to include:

- ☐ Ensure that an individual is free from unnecessary medication and restraints 460 IAC 6-9-4(c)

Excluded: Participant Assistance Care, Adult Day Service, Community Habilitation, Facility Habilitation, Facility Based Support Services, Pre Vocational, Supported Employment, Workplace Assistance, Transportation, Environmental Modification, Personal Response System, Specialized Medical Equipment and Supplies, Music Therapy, Occupational Therapy, Physical Therapy, Psychological Therapy, Speech Therapy, Recreational Therapy

- ☐ Reduce an individual's dependence on medication and restraints 460 IAC 6-9-4(d); DDRS Policy Behavioral Support Plan eff. 2-21-11; DDRS Policy: Use of Restrictive Interventions, Including Restraint eff. 2-

Excluded: Participant Assistance Care, Adult Day Service, Community Habilitation, Facility Habilitation, Facility Based Support Services, Pre Vocational, Supported Employment, Workplace Assistance, Transportation, Environmental Modification, Personal Response System, Specialized Medical Equipment and Supplies, Music Therapy, Occupational Therapy, Physical Therapy, Psychological Therapy, Speech Therapy, Recreational Therapy, Respite

- ☐ Has the opportunity for personal privacy 460 IAC 6-9-4(e);

Excluded: Transportation, Environmental Modification, Personal Response System, Specialized Medical Equipment and Supplies

- ☐ Is not compelled to provide services for a provider 460 IAC 6-9-4(f)(1);
- ☐ Who works voluntarily for a provider is compensated at the prevailing wage, and commensurate with the individual's abilities 460 IAC 6-9-4(f)(2);
- ☐ Has the opportunity to communicate, associate, and meet privately with persons of the individual's choosing 460 IAC 6-9-4(g)(1);

Excluded: Transportation, Environmental Modification, Personal Response System, Specialized Medical Equipment and Supplies, Music Therapy, Occupational Therapy, Physical Therapy, Psychological Therapy, Speech Therapy, Recreational Therapy

- ☐ Has the means to send and receive unopened mail 460 IAC 6-9-4(f)(2);

Excluded: Adult Day Service, Community Habilitation, Facility Habilitation, Facility Based Support Services, Pre Vocational, Supported Employment, Workplace Assistance, Transportation, Environmental Modification, Personal Response System, Specialized Medical Equipment and Supplies, Music Therapy, Occupational Therapy, Physical Therapy, Psychological Therapy, Speech Therapy, Recreational Therapy

- ☐ Has access to a telephone with privacy for incoming and outgoing local and long distance calls at the individual's expense 460 IAC 6-9-4(f)(3);

Excluded: Transportation, Environmental Modification, Personal Response System, Specialized Medical Equipment and Supplies, Music Therapy, Occupational Therapy, Physical Therapy, Psychological Therapy, Speech Therapy, Recreational Therapy

- ☐ Has the right to retain and use appropriate personal possessions and clothing 460 IAC 6-9-4(i)

Excluded: Environmental Modification, Personal Response System, Specialized Medical Equipment and Supplies

- ☐ Provide an individual with the opportunity to participate in social, religious and community activities 460 IAC 6-9-4(h)
- ☐ Protect an individual's funds and property from misuse or misappropriations 460 IAC 6-9-4(j)

Excluded: Adult Day Service, Community Habilitation, Facility Habilitation, Facility Based Support Services, Pre Vocational, Supported Employment, Workplace Assistance, Transportation, Environmental Modification, Personal Response System, Specialized Medical Equipment and Supplies, Music Therapy, Occupational Therapy, Physical Therapy, Psychological Therapy, Speech Therapy, Recreational Therapy

Division of Disability and Rehabilitative Services Provider Requirements for Medicaid Home and Community Based Waiver Service Providers

15 **PERSONNEL POLICY:** The provider will have a written personnel policy that contains all required components (460 IAC 6-16-2; 6-16-3; 6-16-4)

- ☐ The provider will have a written policy/procedure that includes the following:
 - Reviewed and updated as appropriate 460 IAC 6-16-2(a)(1); DDRS Policy: Personnel Policies and Manuals, eff. 2-28-11
 - Distributed to employees and agents
 - A procedure for conducting reference and employment checks. 460 IAC 6-16-2(b)(2)
- ☐ A prohibition against employing or contracting with a person who has been convicted of any of the following offenses (**felony**):
 - Sex crime;
 - Battery;
 - Neglect;
 - Exploitation of an endangered adult or of a child;
 - Failure to report battery, neglect, or exploitation of an endangered adult or of a child;
 - Theft, if the conviction occurred less than 10 years before the person's employment application date, except as provided in IC 16-27-2-5(a)(5);
 - Criminal conversion;
 - Criminal deviate conduct;
 - Murder;
 - Voluntary manslaughter;
 - Involuntary manslaughter;
 - Offense related to alcohol or a controlled substance.
- ☐ A prohibition against hiring people without verified United States residency status. DDRS Policy: Employment of Persons with Conviction of Prohibited Offenses or Non-Residency Status 2-21-11
- ☐ A process for evaluating the job performance of each employee and/or agent at the end of their training period and annually thereafter. 460 IAC 6-16-2(b)(4)
- ☐ A process for evaluating the job performance of each employee and/or agent that includes feedback from individuals receiving services from the employee and/or agent. 460 IAC 6-16-2(b)(4)
- ☐ A description of the work-related behavioral criteria used by the provider to initiate substance abuse screenings with its owners, directors, officers, employees, contractors, subcontractors or agents. DDRS Policy: Personnel Policies and Manuals, eff. 2-28-11
- ☐ Disciplinary procedures, that include:
 - A process for suspending staff following a report of, and during an investigation of alleged abuse, neglect, or exploitation
 - A description of grounds for disciplinary action against or dismissal of an employee or agent. 460 IAC 6-16-2(b)(5)(6)
- ☐ Safeguards that ensure compliance with HIPAA and all other Federal and State privacy laws. DDRS Policy: Personnel Policies and Manuals, eff. 2-28-11
- ☐ Written job description for each position that includes: 460 IAC 6-16-2(b)(1), DDRS Policy: Personnel Policies & Manuals, eff. 2-28-11
 - Minimum qualifications for the position;
 - Major duties required of the position;
 - Responsibilities of the employee in the position;
 - The name/title of the supervisor to whom the employee in the position must report;
 - Positions should match the positions noted on the organizational chart.

Excluded: Environmental Modification, Personal Response System, Specialized Medical Equipment and Supplies, SOLO

Division of Disability and Rehabilitative Services Provider Requirements for Medicaid Home and Community Based Waiver Service Providers

16 **WRITTEN TRAINING PROCEDURE:** The provider shall have a written training procedure that is consistent with 460 IAC 6-14-4, 6-16-3, and DDRS Policies, including:

- Reviewed and updated as appropriate 460 IAC 6-16-2(a)(1); DDRS Policy: Personnel Policies and Manuals, eff. 2-28-11
- Distributed to employees and agents
- Mandatory orientation for each new employee/agent to assure the employee/agents' understanding of and compliance with the mission, goals, organization and applicability of 460 IAC Article 6. 460 IAC 6-16-3(b)(1); DDRS Policy: Personnel Policies & Manuals, eff. 2-28-11
- Includes a system for documenting the training for each employee/agent including:
 - The topic of training provided;
 - The name and qualifications of the trainer;
 - The duration of the training (the time of day the training started and stopped);
 - The date or dates of training;
 - The signature of the trainer verifying satisfactory completion of the training by the owner, director, officer, employee, contractor, subcontractor or agent;
 - The signature of the owner, director, officer, employee, contractor, subcontractor or agent. 460 IAC 6-16-3(b)(2)(A); DDRS Policy: Personnel Policies and Manuals, eff. 2-28-11
 - A system for ensuring that a trainer has sufficient expertise and knowledge of the subject to achieve the listed outcomes; and is certified or licensed when the training topic addresses services or interventions requiring certified or licensed practitioners for assessment, plan development, or monitoring. 460 IAC 6-16-3(b)(3); DDRS Policy: Personnel Policies and Manuals, eff. 2-28-11
- A Provider's owners, directors, officers, employees, contractors, subcontractors or agents performing any management, administrative or direct service to an individual on behalf of a Provider company shall receive initial and at minimum annual training in the protection of an Individual's rights, including:
 - Respecting the dignity of an individual;
 - Protecting an individual from Abuse, Neglect, and Exploitation; and
 - DDRS incident reporting, including: DDRS's current policy on incident reporting; the Provider's incident reporting policies and procedures.

Excluded: Environmental Modification, Personal Response System, Specialized Medical Equipment and Supplies, SOLO

- For Direct Support Professional Staff, a system for providing initial training (prior to delivering services to an individual) and continuous employee competence in the following additional areas:

- The DDRS approved core areas of competencies: Person centered planning; Protection against abuse, neglect, or exploitation; Health and wellness; Communication; Medication administration and medication side effects; First Aid and CPR. (Refer to DDRS Policy: Requirements & Training of Direct Support Professional Staff, eff. 2-28-11 for specific list)

Excluded: Case Management, Environmental Modification, Personal Response System, Specialized Medical Equipment and Supplies, Behavior Management - Basic, Intensive Behavioral Intervention, Behavior Management - Level 1, Music Therapy, Occupational Therapy, Physical Therapy, Psychological Therapy, Speech Therapy, Recreational Therapy, SOLO

- Physical intervention techniques needed for emergency behavioral supports; and
- Individual specific interventions. 460 IAC 6-16-3(b)(4)(A); DDRS Policy: Personnel Policies and Manuals, eff. 2-28-11; DDRS Policy: Requirements & Training of Direct Support Professional Staff, eff. 2-28-11. Be trained to competency in the individual specific interventions for each individual they are working with, including but not limited to the individual's: Health and risk needs; Behavioral supports; Diet and nutrition needs; Swallowing difficulties; Medication administration needs; Side effects for prescribed medications; Mobility needs; Means of communication and corresponding; and Outcomes and strategies included in the Individualized Support Plan (ISP).

Excluded: Case Management, Environmental Modification, Personal Response System, Specialized Medical Equipment and Supplies, Behavior Management - Basic, Intensive Behavioral Intervention, Behavior Management - Level 1, Music Therapy, Occupational Therapy, Physical Therapy, Psychological Therapy, Speech Therapy, Recreational Therapy, SOLO

17 **BEHAVIORAL SUPPORT SERVICES:** For **Behavioral Support Service Providers ONLY**, They must have written policies and procedures that limit the use of restrictive procedures according to 460 IAC and DDRS Policies, including:

- Limit the use of restrictive procedures, including physical restraint or medication. 460 IAC 6-18-3(1); DDRS Policy: Behavioral Support Plan eff. 2-21-11
- Focus on behavioral supports that begin with less restrictive/intrusive methods before more intrusive/restrictive methods are used. 460 IAC 6-18-3(2)

Excluded: All Services with the Exception of Behavior Management - Basic, Intensive Behavioral Intervention & Behavior Management - Level 1

- Commit to developing BSPs within the following timeframes:
 - Complete functional behavioral assessment of an individual within 45 days of either: The IST identifying and documenting unwanted behavior when the IST includes a behavioral support services provider; or The addition of a behavioral support services provider to an individual's IST following identification and documentation of unwanted behavior.
 - Develop individual's BSP within 14 days of completing the behavioral assessment;
 - Implement individual's BSP within 14 days of developing the BSP. DDRS Policy: Behavioral Support Plan eff. 2-21-11

Excluded: All Services with the Exception of Behavior Management - Basic, Intensive Behavioral Intervention

Division of Disability and Rehabilitative Services Provider Requirements for Medicaid Home and Community Based Waiver Service Providers

- Direct staff to include the following information in BSPs:
 - Identifying information for the individual;
 - Operational definition for alternate or replacement behaviors to be increased or taught;
 - Alternate or replacement behavior objectives;
 - Data collection instruction for alternate or replacement behaviors to be increased or taught;
 - Operational definition for targeted behaviors to be decreased;
 - Data collection instructions for targeted behaviors to be decreased;
 - Pro-active or preventative strategies;
 - Reactive or de-escalation strategies;
 - Signature page that includes the individual's, or the individual's legal representative, and the author's signatures
- Direct staff to include the following additional information in BSPs that include restrictive interventions:
 - For psychotropic medications: The listing of psychotropic medications prescribed; The diagnosis for which each psychotropic medication is prescribed; The physician prescribing psychotropic medications; The side effects of each psychotropic medication; The list of behavioral and other data and information the IST will provide to the prescribing physician, and the frequency at which it will be provided; The psychotropic medication management plan by the prescribing physician that incorporates the data and information from the IST and addresses the starting, stopping, and adjusting of the psychotropic medication;
 - For PRN psychotropic medications: The steps to be taken prior to administration and during the administration of a PRN psychotropic medication; The mandate for an IST meeting as soon as possible, but no later than 3 business days following each usage of a PRN psychotropic medication; The mandate to file a BQIS/BDDS incident report following every usage of a PRN psychotropic medication;
 - Risk versus benefits analysis for restrictive interventions;
 - Signature page that includes: The individual's, or the individual's legal representative, signature confirming informed consent for the BSP The author's signature; and The Human Rights Committee (HRC) Chairperson, following a statement confirming HRC review and approval of the BSP. DDRS Policy: Behavioral Support Plan eff. 2-21-11; DDRS Policy: Use of Restrictive Interventions, eff. 2-28-11
- Direct staff to provide the following additional information for BSPs that include restraints:
 - A directive for release from restraint when the individual no longer presents a risk of harm to self or others;
 - Measures to be initiated in the event of injury from restraint;
 - Documentation of the person(s) executing the restraint;
 - Documentation of the times and duration of restraint and the times and duration of any attempted release from restraint;
 - Documentation of the individual's response to each restraint usage; and
 - A directive to file a BQIS/BDDS incident report following each restraint usage. DDRS Policy: Use of Restrictive Interventions, eff. 2-28-11
 - Assess all efforts at positive behavioral and environmental supports on a regular basis and at a minimum provide quarterly reports to the IST of progress that includes graphs of both targeted behavior and replacement behavior. DDRS Policy: Behavioral Support Plan eff. 2-21-11
 - Outline competency based training procedures for an individual's BSP with either direct service staff or each of the individual's service providers' supervisory staff. DDRS Policy: Behavioral Support Plan eff. 2-21-11; DDRS Policy: Quality Assurance & Quality Improvement System, eff. 2-28-11

Excluded: All Services with the Exception of Behavior Management - Basic, Intensive Behavioral Intervention & Behavior Management - Level 1

18 **EMERGENCY BEHAVIORAL SUPPORTS:** A written policy that complies with 460 IAC and DDRS policies for addressing behavioral emergencies, which includes:

- The provider will have a written policy/procedure that includes the following:
 - Specific, defined emergency interventions to be used for behavioral emergencies;
 - Any appropriately trained staff that is authorized to select and initiate an emergency intervention;
 - Training needed for staff prior to implementing emergency interventions.
- Directions for documenting:
 - A description of the behavioral emergency;
 - A description of the emergency intervention implemented;
 - The person(s) implementing the emergency intervention;
 - The duration of the emergency intervention;
 - The individual's response to the emergency intervention.
- A mandate for the provider to convene an IST meeting as soon as is possible, but no later than three (3) business days, following the behavioral emergency to discuss the behavioral emergency, the emergency intervention used, and the supports needed to minimize future behavioral emergencies
- A mandate that provider staff receive training on the written policy describing the process to be used for a behavioral emergency, prior to working with individuals. 460 IAC 6-10-13(a); DDRS Policy: Use of Restrictive Interventions, eff. 2-28-11

Division of Disability and Rehabilitative Services Provider Requirements for Medicaid Home and Community Based Waiver Service Providers

- ☐ The provider's policy identifies the following conditions that must exist for a restrictive intervention to be used without being planned:
 - An unanticipated behavioral emergency is occurring;
 - An individual's behavior poses an imminent threat of harm to self or others;
 - There is no approved BSP for the individual that addresses the behavioral emergency, or there is an approved plan but it has been found to be ineffective and a more restrictive intervention is indicated based upon the individual's behavioral emergency;
 - The intervention chosen is determined to be the least restrictive measure required to quell the unanticipated behavioral emergency. DDRS Policy: Use of Restrictive Interventions, eff. 2-28-11
- ☐ The provider's policy directs its staff to convene an IST meeting as soon as possible, but no later than two (2) business days following a behavioral emergency when a **restrictive intervention** was used. The purpose of this meeting is to plan supports to minimize any future necessity for emergency response, including but not limited to:
 - Conducting assessments or reassessments based upon any changes in the individual's health or behavioral status;
 - Making environmental adjustments, as may be indicated;

Excluded: Behavior Management - Level 1, Environmental Modification, Personal Response System, Specialized Medical Equipment and Supplies

- Adding a behavioral support services provider to the IST, if indicated.

Excluded: Behavior Management - Basic, Intensive Behavioral Intervention, Behavior Management - Level 1, Environmental Modification, Personal Response System, Specialized Medical Equipment and Supplies

- Developing or revising the individual's BSP, as may be indicated. DDRS Policy: Use of Restrictive Interventions, eff. 2-28-11

Excluded: All Services with the Exception of Behavior Management - Basic & Intensive Behavioral Intervention

- ☐ Any agreed upon supports should be documented by the case manager and implemented as soon as possible, but no later than 30 days from the IST meeting. DDRS Policy: Use of Restrictive Interventions, eff. 2-28-11
- ☐ Prohibition against restraint used for convenience or discipline. DDRS Policy: Use of Restrictive Interventions, eff. 2-28-11
- ☐ Prohibition against prone restraint where an individual is face down on their stomach. DDRS Policy: Use of Restrictive Interventions, eff. 2-28-11; DDRS Policy: Aversive Techniques, eff. 12-7-10
- ☐ Prohibition against use of any aversive technique including but not limited to:
 - Contingent exercise;
 - Contingent noxious stimulation;
 - Corporal punishment;
 - Negative practice;
 - Overcorrection;
 - Seclusion;
 - Visual or facial screening;
 - Any other technique that incorporates the use of painful or noxious stimuli; incorporates denial of any health related necessity; or degrades the dignity of an individual. DDRS Policy: Use of Restrictive Interventions, eff. 2-28-11; DDRS Policy: Aversive Techniques, eff. 12-7-10.
 - Mechanical restraints except for when ordered as a medical restraint by a licensed physician or dentist. DDRS Policy: Use of Restrictive Interventions, eff. 2-28-11; DDRS Policy: Aversive Techniques, eff. 12-7-10

Excluded: Case Management, Behavior Management - Level 1, Environmental Modification, Personal Response System, Specialized Medical Equipment and Supplies

19 **CONFLICTS OF INTEREST & ETHICS:** A written conflict of interest and code of ethics policy that meets 460 IAC and DDRS requirements, and includes the following:

- ☐ The provider's conflict of interest policy should:
 - State that situations involving conflicts of interest by an owner, director, agent, employee, contractor, subcontractor or officer performing any management, administrative or direct service to an individual shall be avoided. DDRS Policy: Provider Conflict of Interest, eff. 2-28-11;
 - Require disclosure of possible conflicts of interest by all of the provider's owners, directors, officers, employees, contractors, subcontractors or agents. DDRS Policy: Provider Conflict of Interest, eff. 2-28-11.

Division of Disability and Rehabilitative Services Provider Requirements for Medicaid Home and Community Based Waiver Service Providers

- The provider's code of ethics requires all owners, directors, officers, employees, contractors, subcontractors or agents to:
 - State that situations involving conflicts of interest by an owner, director, agent, employee, contractor, subcontractor or officer performing any management, administrative or direct service to an individual shall be avoided. DDRS Policy: Provider Conflict of Interest, eff. 2-28-11;
 - Require disclosure of possible conflicts of interest by all of the provider's owners, directors, officers, employees, contractors, subcontractors or agents. DDRS Policy: Provider Conflict of Interest, eff. 2-28-11.
 - Provide professional services with objectivity and respect for the unique needs and values of the individual being provided services;
 - Provide sufficient objective information to enable an individual, or the individual's legal representative, to make informed decisions;
 - Avoid discrimination on the basis of factors that are irrelevant to the provision of services. DDRS Policy: Provider Code of Ethics, eff. 2-28-11
 - Accurately present professional qualifications;
 - Assume responsibility and accountability for personal competence in providing services;
 - Maintain professional licensure or accreditation;
 - Adhere to acceptable standards for the owner, director, officer, employee, contractor, subcontractor or agent's area of professional practice;
 - Comply with all laws and regulations governing a licensed or accredited person's profession;
 - Maintain the confidentiality of individual information consistent with the standards of IAC 460 and all other state and federal laws and regulations governing confidentiality of individual information;
 - Conduct all practice with honesty, integrity, and fairness;
 - Fulfill professional commitments in good faith; and
 - Inform the public and colleagues of services by using factual information. DDRS Policy: Provider Code of Ethics, eff. 2-28-11
- The provider's code of ethics must state the provider's commitment to:
 - Make reasonable efforts to avoid bias in any kind of professional evaluation;
 - Not allow for nepotism during the conducting, directing, reviewing or other managerial activity of an investigation into an allegation of abuse or neglect, by prohibiting friends and relatives of an alleged perpetrator from engaging in these managerial activities. DDRS Policy: Provider Code of Ethics, eff. 2-28-11;
 - Notify the appropriate party of any unprofessional conduct that may jeopardize an individual's safety or influence the individual or individual's representative in any decision making process. DDRS Policy: Provider Code of Ethics, eff. 2-28-11.
- The provider's code of ethics must prohibit:
 - Advertising or marketing in a misleading manner;
 - Engaging in uninvited solicitation of potential individuals, who are vulnerable to undue influence, manipulation, or coercion. DDRS Policy: Provider Code of Ethics, eff. 2-28-11
- The provider will produce a policy in compliance with IC 22-5-3-3 that will include protections for whistleblowers who report:
 - Allegations of abuse or neglect of an individual;
 - Violation of provider's policies and procedures;
 - Violation of DDRS policies and procedures; and
 - Violation of state and federal laws. DDRS Policy: Provider Code of Ethics, eff. 2-28-11

Excluded: SOLO

- The provider will produce a policy that is consistent with 460 IAC 6-1-1 and includes:
 - Prohibitions against giving gifts to state employees, special state appointees, the spouse or un-emancipated child of an employee, the spouse or un-emancipated child of a special state appointee, an individual potentially receiving services from the provider, and any guardian or family member of an individual potentially receiving services from the provider;
 - Ethical safeguards and guidelines limiting the provision of gifts to an individual receiving service from the provider and any guardian or family member of an individual receiving service from the provider. DDRS Policy: Provider Code of Ethics, eff. 2-28-11.

20

TRANSFER OF INDIVIDUAL'S RECORDS: The provider's policy regarding the transfer of an individual's records upon change of provider comply with the state's requirements as outlined in 460 IAC 6-9-6, and includes:

- The provider's written policy shall include:
 - Discuss with the individual the new provider's need to obtain a copy of the previous provider's records and files concerning the individual 460 IAC 6-9-6 (a)(1);
 - Provide the individual with a written form used to authorize the release of a copy of the records and files concerning the individual to the new provider 460 IAC 6-9-6 (a)(2); and
 - Require the current provider to request the individual to sign the release form 460 IAC 6-9-6 (a)(3)
 - Forward a copy of all of the individual's records and files to the new provider no later than 7 days after receipt of the individual's signed written release. 460 IAC 6-9-6 (b)

Excluded: Environmental Modification, Personal Response System, Specialized Medical Equipment and Supplies

Division of Disability and Rehabilitative Services Provider Requirements for Medicaid Home and Community Based Waiver Service Providers

- 21** **INDIVIDUAL'S PERSONAL FILE AT THE SITE OF SERVICE DELIVERY:** The provider shall have a written policy that complies with 460 IAC and DDRS policies for maintaining the individual's personal file, at the site of service delivery, must contain:
- ☐ The individual's current ISP. 460 IAC 6-17-3 (a)(1)(2); DDRS Policy: Individual's Personal Information: Site of Service Delivery, eff. 2-28-11
 - ☐ A photograph of the individual. 460 IAC 6-17-3 (a)(1)(2); DDRS Policy: Individual's Personal Information: Site of Service Delivery, eff. 2-28-11
 - ☐ Telephone numbers for emergency services that may be required by the individual to include at a minimum:
 - The individual's current ISP. 460 IAC 6-17-3 (a)(1)(2); DDRS Policy: Individual's Personal Information: Site of Service Delivery, eff. 2-28-11
 - A photograph of the individual. 460 IAC 6-17-3 (a)(1)(2); DDRS Policy: Individual's Personal Information: Site of Service Delivery, eff. 2-28-11
 - The local emergency number, for example, 911;
 - The individual's legal representative, if applicable;
 - The local BDDS office;
 - The individual's case manager;
 - Adult Protective Services or Child Protection Services, as applicable;
 - The Developmental Disabilities Waiver Ombudsman;
 - Other service providers as documented in the individual's ISP;
 - Any other telephone number identified for inclusion by the individual or the individual's legal representative. 460 IAC 6-17-3 (a)(1)(2); DDRS Policy: Individual's Personal Information: Site of Service Delivery, eff. 2-28-11
 - ☐ The individual's, or the individual's legal representative, consent for emergency treatment. 460 IAC 6-17-3 (a)(1)(2); DDRS Policy: Individual's Personal Information: Site of Service Delivery, eff. 2-28-11
 - ☐ Systems outlined in the Health Care Coordination policy, as indicated for the individual. 460 IAC 6-17-3 (a)(1)(2); DDRS Policy: Individual's Personal Information: Site of Service Delivery, eff. 2-28-11
 - ☐ The individual's history of allergies, if applicable. 460 IAC 6-17-3 (a)(1)(2); DDRS Policy: Individual's Personal Information: Site of Service Delivery, eff. 2-28-11
 - ☐ If responsible for providing health supports or health coordination, copies of medical, dental and vision services summary documentation to include:
 - The most current medical, dental and vision consults and summary documentation, regardless of date of visit or service; and
 - All medical, dental and vision consults and summary documentation for visits or services during the previous two months. 460 IAC 6-17-3 (a)(1)(2); DDRS Policy: Individual's Personal Information: Site of Service Delivery, eff. 2-28-11
 - ☐ A copy of the individual's risk plans, as applicable. 460 IAC 6-17-3 (a)(1)(2); DDRS Policy: Individual's Personal Information: Site of Service Delivery, eff. 2-28-11
 - ☐ All risk plan documentation for the past 60 days. 460 IAC 6-17-3 (a)(1)(2); DDRS Policy: Individual's Personal Information: Site of Service Delivery, eff. 2-28-11
 - ☐ All medication administration recording forms for the previous two months. 460 IAC 6-17-3 (a)(1)(2); DDRS Policy: Individual's Personal Information: Site of Service Delivery, eff. 2-28-11
 - ☐ Documentation of:
 - Changes in the individual's physical condition or mental status during the last two months;
 - An unusual event such as vomiting, choking, falling, disorientation or confusion, behavioral problems, or seizures occurring during the last two months; and
 - The response of each provider to the observed change or unusual event. 460 IAC 6-17-3 (a)(1)(2); DDRS Policy: Individual's Personal Information: Site of Service Delivery, eff. 2-28-11
 - ☐ A copy of the individual's Behavioral Support Plan (BSP), if applicable. 460 IAC 6-17-3 (a)(1)(2); DDRS Policy: Individual's Personal Information: Site of Service Delivery, eff. 2-28-11
 - ☐ All behavioral support services documentation for the previous two months. 460 IAC 6-17-3 (a)(1)(2); DDRS Policy: Individual's Personal Information: Site of Service Delivery, eff. 2-28-11
 - ☐ If an individual's outcomes include bill paying and other financial matters and the provider is the residential provider or the representative payee:
 - The individual's checkbook with clear documentation that the checkbook has been balanced; and
 - Bank statements with clear documentation that the bank statements and the individual's checkbook have been reconciled. 460 IAC 6-17-3 (a)(1)(2); DDRS Policy: Individual's Personal Information: Site of Service Delivery, eff. 2-28-11
 - ☐ All ISP outcome directed documentation for the previous two months. 460 IAC 6-17-3 (a)(1)(2); DDRS Policy: Individual's Personal Information: Site of Service Delivery, eff. 2-28-11
 - ☐ A listing of all adaptive equipment used by the individual that includes contact information for the person or entity responsible for replacement or repair of each piece of adaptive equipment? 460 IAC 6-17-3 (a)(1)(2); DDRS Policy: Individual's Personal Information: Site of Service Delivery, eff. 2-28-11
 - ☐ All environmental assessments conducted during the previous two months, with the signature of the person or persons conducting the assessment on the assessment. 460 IAC 6-17-3 (a)(1)(2); DDRS Policy: Individual's Personal Information: Site of Service Delivery, eff. 2-28-11

Excluded: Respite, Case Management, Community Habilitation, Supported Employment, Workplace Assistance, Transportation, Environmental Modification, Personal Response System, Specialized Medical Equipment and Supplies, Behavior Management - Basic, Intensive Behavioral Intervention, Behavior Management - Level 1, Music Therapy, Occupational Therapy, Physical Therapy, Psychological Therapy, Speech Therapy, Recreational Therapy

Division of Disability and Rehabilitative Services Provider Requirements for Medicaid Home and Community Based Waiver Service Providers

22 **TERMINATION OF SERVICES:** The providers policy for providing notification of termination of services must meet 460 IAC 6-9-7 requirements, including:

- ☐ The provider's written policy shall include that the provider will:
 - Give an individual and an individual's representative at least 60 days written notice before terminating the individual's services if the services being provided to the individual are of an ongoing nature. 460 IAC 6-9-7 (a)
 - Participate in the development of a new or updated ISP prior to terminating services. 460 IAC 6-9-7 (b)(1)
 - Continue providing services to the individual until a new provider providing similar services is in place. 460 IAC 6-9-7 (b)(2)

Excluded: Environmental Modification, Personal Response System, Specialized Medical Equipment and Supplies

23 **INDIVIDUAL'S PERSONAL FILE, PROVIDER'S OFFICE:** The provider shall have a written policy that complies with 460 IAC and DDRS policies for maintaining the individual's personal file, at the provider's office. This file must contain:

- ☐ A duplicate copy of the site of service file. 460 IAC 6-17-4 (a); DDRS Policy: Individual's Personal Information: Provider's Office, eff. 2-28-11 (With the exception of the prior or previous two months' of documentation that is maintained at the site of service delivery as described in the DDRS Policy: Individual's Personal Information: Site of Service Delivery, eff. 2-28-11)

Excluded: Respite, Case Management, Community Habilitation, Supported Employment, Workplace Assistance, Transportation, Environmental Modification, Personal Response System, Specialized Medical Equipment and Supplies, Behavior Management - Basic, Intensive Behavioral Intervention, Behavior Management - Level 1, Music Therapy, Occupational Therapy, Physical Therapy, Psychological Therapy, Speech Therapy, Recreational Therapy

- ☐ A requirement to analyze and update documentation:
 - According to the standards under IAC 460 Article 6 applicable to the services the provider is providing to an individual. 460 IAC 6-17-2 (d)(1);
 - According to the professional standards applicable to the provider's profession. 460 IAC 6-17-2 (d)(2); and
 - According to the individual's ISP. 460 IAC 6-17-2 (d)(3)
 - Residential Habilitation, Participant Assistance Care, Adult Day Service, Community Habilitation, Facility Habilitation, Facility Based Support Services, Pre Vocational, Supported Employment, Workplace Assistance - providers are required to document at least monthly. Respite, Structured Family Caregiver, Case Management, Behavior Management - Basic, Intensive Behavioral Intervention, Behavior Management - Level 1, Psychological Therapy, Speech Therapy, Music Therapy, Occupational Therapy, Physical Therapy, Recreational Therapy, Transportation - providers are required to document at least every 90 days. DDRS Policy: Maintenance of Records of Services Provided.

Excluded: Environmental Modification, Personal Response System, Specialized Medical Equipment and Supplies

24 **INCIDENT REPORTING:** The provider must have a written policy that complies with 460 IAC and DDRS policies, which include:

- ☐ Reporting alleged, suspected or actual abuse, (which must also be reported to Adult Protective Services or Child Protective Services as indicated) which includes but is not limited to:
 - Physical abuse, including but not limited to: intentionally touching another person in a rude, insolent or angry manner; willful infliction of injury; unauthorized restraint or confinement resulting from physical or chemical intervention; rape.
 - Sexual abuse, including but not limited to: nonconsensual sexual activity; sexual molestation; sexual coercion; sexual exploitation.
 - Emotional/verbal abuse, including but not limited to communicating with words or actions in a person's presence with intent to: Cause the individual to be placed in fear of retaliation; Cause the individual to be placed in fear of confinement or restraint; Cause the individual to experience emotional distress or humiliation; Cause others to view the individual with hatred, contempt, disgrace or ridicule; Cause the individual to react in a negative manner.
 - Domestic abuse, including but not limited to: physical violence; sexual abuse; emotional/verbal abuse; intimidation; economic deprivation; threats of violence; from a spouse or cohabitant intimate partner.
- ☐ Reporting alleged, suspected or actual neglect (which must also be reported to Adult Protective Services or Child Protective Services, as indicated) which includes but is not limited to:
 - Failure to provide appropriate supervision, care, or training;
 - Failure to provide a safe, clean and sanitary environment;
 - Failure to provide food and medical services as needed;
 - Failure to provide medical supplies or safety equipment as indicated in the Individualized Support Plan (ISP).
- ☐ Reporting alleged, suspected or actual exploitation (which must also be reported to Adult Protective Services or Child Protective Services as indicated) which includes but is not limited to:
 - Unauthorized use of the: personal services; personal property or finances; or personal identity of an individual;
 - Other instance of exploitation of an individual for one's own profit or advantage or for the profit or advantage of another.
- ☐ Reporting Peer-to-peer aggression that results in significant injury by one individual receiving service, to another individual receiving services.
- ☐ Reporting death (which must also be reported to Adult Protective Services or Child Protective Services, as indicated). Additionally, if the death is a result of alleged criminal activity, the death must be reported to law enforcement.
- ☐ Reporting a service delivery site with a structural or environmental problem that jeopardizes or compromises the health or welfare of an individual.
- ☐ Reporting a fire at a service delivery site that jeopardizes or compromises the health or welfare of an individual.
- ☐ Reporting elopement of an individual that results in evasion of required supervision as described in the ISP as necessary for the individual's health and welfare.

Division of Disability and Rehabilitative Services Provider Requirements for Medicaid Home and Community Based Waiver Service Providers

- ☐ Reporting a missing person when an individual wanders away and no one knows where they are.
- ☐ Reporting alleged, suspected or actual criminal activity by an individual receiving services or an employee, contractor or agent of a provider, when:
 - The individual's services or care are affected or potentially affected;
 - The activity occurred at a service site or during service activities; or
 - The individual was present at the time of the activity, regardless of location.
- ☐ Reporting an emergency intervention for the individual resulting from:
 - A physical symptom;
 - A medical or psychiatric condition;
 - Any other event.
- ☐ Reporting any injury to an individual when the cause is unknown and the injury could be indicative of abuse, neglect or exploitation.
- ☐ Reporting any injury to an individual when the cause of the injury is unknown and the injury requires medical evaluation or treatment.
- ☐ Reporting a significant injury to an individual that includes but is not limited to:
 - A fracture;
 - A burn, including sunburn and scalding, greater than first degree;
 - Choking that requires intervention including but not limited to: Heimlich maneuver; finger sweep; or back blows;
 - Bruises or contusions larger than three inches in any direction, or a pattern of bruises or contusions regardless of size;
 - Lacerations which require more than basic first aid;
 - Any occurrence of skin breakdown related to a decubitus ulcer, regardless of severity;
 - Any injury requiring more than first aid;
 - Any puncture wound penetrating the skin, including human or animal bites;
 - Any pica ingestion requiring more than first aid;
 - A fall resulting in injury, regardless of the severity of the injury.
- ☐ Reporting a medication error or medical treatment error as follows:
 - Wrong medication given;
 - Wrong medication dosage given;
 - Missed medication - not given;
 - Medication given wrong route; or
 - Medication error that jeopardizes an individual's health and welfare and requires medical attention.
- ☐ Reporting use of any aversive technique including but not limited to:
 - Seclusion (i.e. placing an individual alone in a room/area from which exit is prevented);
 - Painful or noxious stimuli;
 - Denial of a health related necessity;
 - Other aversive technique identified by DDRS policy.
- ☐ Reporting use of any PRN medication related to an individual's behavior.
- ☐ Reporting use of any physical or mechanical restraint regardless of:
 - Planning;
 - Human rights committee approval;
 - Informed consent.
- ☐ In response to an incident, **Call 911 if indicated.**
- ☐ In response to an incident, **Initiate safety actions** for the individual as is indicated and as is possible.

Division of Disability and Rehabilitative Services Provider Requirements for Medicaid Home and Community Based Waiver Service Providers

- Contact the following and notify them of the situation:
 - In supported living settings, the individual's case manager, or the case management vendor's 24hr crisis line if the case manager is not immediately available;
 - A manager with the responsible provider company;
 - The BDDS District Manager; and
 - Adult Protective Services or Child Protective Services, as indicated; and
 - Individual's legal representative.
- File an incident report with BQIS using the DDRS approved electronic format available at <https://ddrsprovider.fssa.in.gov/IFUR/> within 24 hours of initial discovery of a reportable incident. The initial incident report should include:
 - Comprehensive description of incident;
 - Description of circumstances and activities occurring immediately prior to incident;
 - Description of any injuries sustained during incident;
 - Description of both the immediate actions taken and actions planned but not yet implemented; and
 - Listing of each person involved in incident, with a description of the role and staff title, if applicable, of each person involved.
- Forward copy of electronically submitted incident report to the following people within 24 hours of initial discovery of a reportable incident:
 - APS or CPS (as indicated) for all incidents involving alleged, suspected or actual abuse, exploitation, or death;
 - The individual's BDDS service coordinator;
 - The individual's residential provider when receiving residential services;
 - The individual's case manager when receiving services funded by waiver;
 - All other service providers identified in the individual's Individualized Support Plan; and
 - The individual's legal representative, if indicated.

Excluded: Environmental Modification, Personal Response System, Specialized Medical Equipment and Supplies

25 **COLLABORATION AND QUALITY CONTROL:** The provider will have a written policy that states its commitment to collaborating with individuals' other providers as identified in 460 IAC 6-10-7 and DDRS related policies.

- The provider's policy shall include:
 - Collaborate with the individual's other service providers to provide services to the individual consistent with the individual's ISP. 460 IAC 6-10-7(a)
 - Give the individual's case manager access to its quality assurance and quality improvement procedures. 460 IAC 6-10-7(b)
 - Seizure management system designed by the individual's provider responsible for seizure management. 460 IAC 6-10-7(d); or
 - Behavioral support plan designed by the individual's provider of behavioral support services. 460 IAC 6-10-7(f)

Excluded: Environmental Modification, Personal Response System, Specialized Medical Equipment and Supplies

- Medication administration system designed by the individual's provider responsible for medication administration. 460 IAC 6-10-7(c)

Excluded: Case Management, Behavior Management - Basic, Intensive Behavioral Intervention, Behavior Management - Level 1, Music Therapy, Occupational Therapy, Physical Therapy, Psychological Therapy, Speech Therapy, Recreational Therapy, Transportation

- If an individual dies, a provider shall cooperate with the provider responsible for conducting an investigation into the individual's death. 460 IAC 6-25-9 460 IAC 6-10-7(g)

26 **HUMAN RIGHTS COMMITTEE:** If the provider operates a Human Rights Committee (HRC), they must have a written HRC policy that includes:

- Authorization by:
 - The executive director or board of directors of the provider company(s) establishing the committee; or
 - The director or designee for DDRS established Human Rights Committees;
- A chairperson who:
 - Is not an owner, director, officer, employee, contractor, subcontractor or agent of a BDDS approved provider entity authorizing the committee; and
 - Is responsible for coordinating the committee's functions;
- Description of the committee's functions, including review of:
 - The use of restrictive interventions with an individual; and
 - Other human rights issues for individuals.

Division of Disability and Rehabilitative Services Provider Requirements for Medicaid Home and Community Based Waiver Service Providers

- ☐ In addition to the chairperson consist of:
 - At least one person who meets Behavioral Support Services provider qualifications per 460 IAC 6-4.3-2;
 - At least one person with one or more years of work experience in the field of developmental disabilities who is: A physician; A licensed nurse; or A person who holds at minimum of a bachelor's degree in: Occupational Therapy; Physical Therapy; Speech-Language Pathology; Sociology; Special Education; Rehabilitation; Psychology, or Other related human services field;
 - At least one person with a developmental disability.
- ☐ Require participation of:
 - Minimum of 3 members for any meeting during which decisions involving individual entitlements or rights are made, and
 - Disallow participation in committee deliberation and decision making by members of the IST of the individual whose entitlements or rights are being addressed. 460 IAC 6-10-12; DDRS Policy: Human Rights Committee, eff. 2-21-11

Excluded: Respite, Participant Assistance Care, Case Management, Psychological Therapy, Speech Therapy, Music Therapy, Occupational Therapy, Physical Therapy, Recreational Therapy, Transportation, Environmental Modification, Personal Response System, Specialized Medical Equipment and Supplies, Transportation

QUALITY ASSURANCE AND QUALITY IMPROVEMENT - Tier 2

27 ☐ Providers will have a written process for the following:

- ☐ An annual survey of individual satisfaction;
 - Maintain a record of findings from the annual individual satisfaction surveys;
 - Have documentation of efforts to improve service delivery in response to survey findings;
 - An assessment of the appropriateness and effectiveness of each outcome included in the Individual's Individualized Support Plan (ISP).

Excluded: Environmental Modification, Personal Response System, Specialized Medical Equipment and Supplies

- ☐ A process for:
 - Reporting reportable incidents;
 - Analyzing data associated with reportable incidents. 460 IAC 6-10-10(b)(5)(A); DDRS Policy: Quality Assurance & Quality Improvement System, eff. 2-28-11;
 - Developing and implementing a risk reduction plan to minimize potential for future incidents. 460 IAC 6-10-10(b)(5)(B); DDRS Policy: Quality Assurance & Quality Improvement System, eff. 2-28-11;
 - Conducting a monthly review of the risk reduction plan of incidents to assess progress and effectiveness. 460 IAC 6-10-10(b)(5)(C); DDRS Policy: Quality Assurance & Quality Improvement System, eff. 2-28-11.
- ☐ If medication is administered to an individual by a Provider, a process for:
 - Identification of medication errors;
 - Analyzing data on medication errors and the persons responsible for them. 460 IAC 6-10-10(b)(6)(A); DDRS Policy: Quality Assurance & Quality Improvement System, eff. 2-28-11;
 - Developing and implementing a risk reduction plan to mitigate and eliminate future medication errors. 460 IAC 6-10-10(b)(6)(B); DDRS Policy: Quality Assurance & Quality Improvement System, eff. 2-28-11;
 - A monthly review of the risk reduction plan to assess progress and effectiveness. 460 IAC 6-10-10(b)(6)(C); DDRS Policy: Quality Assurance & Quality Improvement System, eff. 2-28-11.

Excluded: Behavior Management - Basic, Intensive Behavioral Intervention, Behavior Management - Level 1, Psychological Therapy, Speech Therapy, Music Therapy, Occupational Therapy, Physical Therapy, Recreational Therapy, Transportation

- ☐ If Behavioral Supports are provided by a provider, a process for:
 - Tracking of target behaviors;
 - Analysis of the individual's targeted behavior data and behavioral health. 460 IAC 6-10-10(b)(7)(A); DDRS Policy: Quality Assurance & Quality Improvement System, eff. 2-28-11;
 - Development and implementation of proactive and reactive strategies to improve the individual's behavioral health. 460 IAC 6-10-10(b)(7)(B); DDRS Policy: Quality Assurance & Quality Improvement System, eff. 2-28-11;
 - Review of proactive and reactive strategies to assess progress and effectiveness. 460 IAC 6-10-10(b)(7)(C); DDRS Policy: Quality Assurance & Quality Improvement System, eff. 2-28-11.

Excluded: All Services with the Exception of Residential Habilitation, Structured Family Caregiver, Case Management, Behavior Management - Basic, Intensive Behavioral Intervention, Behavior Management - Level 1, SOLO